

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

MAR 14 2001

PROGRAM MANAGEMENT BRANCH

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒
B. Subsequent Notification  
(Complete item C)

C. Installation's EPA ID Number - REGION 5

I L D O O 5 / 6 / 4 7 6

## II. Name of Installation (Include company and specific site name)

K I N D E R M O R G A N L I Q U I D T E R M I N A L S

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

8 5 0 0 W E S T 6 8 T H S T R E E T

Street (Continued)

City or Town

A R G O

State

I L

Zip Code

6 0 5 0 1

County Code

0 3

County Name

C O O K

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

8 5 0 0 W E S T 6 8 T H S T R E E T

City or Town

A R G O

State

I L

Zip Code

6 0 5 0 1 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

M A J E R C Z A K

(First)

D E N N I S

Job Title

E H S M A N A G E R

Phone Number (Area Code and Number)

7 0 8 - 4 9 6 - 2 8 6 2

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing
☒

B. Street or P.O. Box

City or Town

A R G O

State

I L

Zip Code

6 0 5 0 1 -

## VII. Ownership (See instructions)

## A. Name of Installation's Legal Owner

K I N D E R M O R G A N L I Q U I D T E R M I N A L S

Street, P.O. Box, or Route Number

5 0 0 D A L L A S S T R E E T S U I T E 1 0 0 0

City or Town

H O U S T O N

State

T X

Zip Code

7 7 0 0 2 -

Phone Number (Area Code and Number)

7 1 3 - 3 6 9 - 9 0 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner  
Indicator

Yes

No

Date Changed  
Month Day Year

0 3 0 1 2 0 0 1

3/16/01

KINDER MORGAN

ILD 005161476

0310120008

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 12/31/02  
GSA No. 0246-EPA-OT

ID - For Official Use Only

## IX. Description of Hazardous Wastes (Continued; Additional Sheet)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
U 1 5 9	U 1 6 1	U 2 2 0	U 2 3 9		
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96

B. Toxicity Characteristic Hazardous Wastes. (See 40 CFR 261.24; Use this page only if you need to list more than 4 waste codes.)

5	6	7	8	9	10
D 0 1 9	D 0 2 1	D 0 2 2	D 0 2 7	D 0 2 8	D 0 2 9
11	12	13	14	15	16
D 0 3 5	D 0 3 9	D 0 4 0	D 0 4 3		
17	18	19	20	21	22





Federal Express No. 316 8671 457

RECEIVED  
MAR 14 2001  
PROGRAM MANAGEMENT BRANCH  
Waste, Pesticides & Toxics Division  
U.S. EPA - REGION 5

March 7, 2001

Mr. Jim Pierce  
Illinois Environmental Protection Agency - Division of Land  
1021 North Grand Avenue East  
Springfield, Illinois 62702

RECEIVED

MAR 08 2001

IEPA-DLPC

Dear Mr. Pierce:

Re: Kinder Morgan Liquid Terminals, LLC, - Argo Terminal  
8500 West 68<sup>th</sup> Street  
Argo, Illinois 60501

USEPA Generator I.D. No. ILD 005161476 Illinois Generator I.D. No. 0310120008

Until March 1, 2001, the Argo Terminal was owned and operated by GATX Terminals Corporation, a Delaware Corporation.

This letter is to inform you that on March 1, 2001, the acquisition of GATX Terminals Corporation, including the Argo Terminal, by Kinder Morgan Operating L.P. ("Kinder Morgan") was completed. As a result of this acquisition, Kinder Morgan will assume total operational responsibility for the Argo Terminal. GATX Terminals Corporation will no longer have any legal ownership of this facility.

As GATX Terminals Corporation will not retain any material interest in the Argo Terminal, we request that you transfer both the federal and state hazardous waste identification numbers associated with this facility to Kinder Morgan Liquid Terminals, LLC. EPA Form 8700-12 is enclosed to support this request.

Currently, no changes or modifications are anticipated at the facility as a result of this acquisition. Please continue to send correspondence regarding waste related issues to Dennis Majerczak at the facility address. If you have any questions, please contact me directly at (708) 496-2862.

Sincerely,

Kinder Morgan Liquid Terminals, LLC

Dennis E. Majerczak, P.E.  
Environmental, Health and Safety Manager

Enclosure

cc: Robert Granado  
Scott T. Kilkenny  
Matthew E. Marra  
Louis J. Zimmerman

RECEIVED  
MAR 23 2001  
RCRA RECORDS ROOM  
Waste, Pesticides & Toxics Division  
U.S. EPA - REGION 5



217/782-6761

Refer to: 0310120008 -- Cook County  
GATX Terminal Corporation  
ILD005161476  
RCRA Part A

Log #A015

February 3, 1988

Mr. H.J. Sanders  
GATX Terminal Corporation  
67th Street and Archer Road  
P.O. Box 409  
Argo, Illinois 60501

Dear Mr. Sanders:

This is in response to your request to withdraw the Part A application for the subject facility. An Agency review of records and an inspection of the facility conducted on October 17, 1986 confirms that this facility should be reclassified as a generator only status and the Part A withdrawn.

Your I.D. number (ILD005161476) will be retained in case this facility generates, stores, treats or disposes of regulated quantities of hazardous waste in the future.

Should you have any questions regarding this matter please contact Karen Nachtwey at (217) 782-0892.

Very truly yours,

*Lawrence W Eastep by AZ*

Lawrence W. Eastep, P.E., Manager  
Permit Section  
Division of Land Pollution Control

LWE:KEN:dh/1

cc: Northern Region  
Compliance Monitoring  
USEPA V - Jim Mayka ✓  
USEPA V - Mary Murphy  
Division File - RCRA Part A  
USEPA V - Art Kawatachi

<b>FORM</b> <b>1</b>	<b>EPA</b>	<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>NOT RECEIVED</b>  <b>ELD 005761476</b> </div>
<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Alert if any of the preprinted data is absent. If the data to the left of the label space lists the information that should appear, please provide it in the proper fill-in area(s) below. If this label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed instructions and for the legal consequences under which this data is collected.		PLEASE PLACE LABEL IN THIS SPACE	
<b>I. EPA I.D. NUMBER</b> _____			
<b>II. FACILITY NAME</b> _____			
<b>FACILITY MAILING ADDRESS</b> _____			
<b>FACILITY LOCATION</b> _____			

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through I in determining whether you need to submit any permit application forms to the EPA. If you answer "yes" to any question, you must submit this form and the supplemental forms listed in the parentheses following the question. Mark "X" in the box to the right of the question. If the supplemental forms are attached, if you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your facility is excluded from permit requirements in Section C of the instructions. See also Section D of the instructions for definitions of basic terms.

SPECIFIC QUESTIONS	MARK "X"	SPECIFIC QUESTIONS	MARK "X"
A. Does or will this facility (other than existing or proposed incineration, combustion, or process heating) produce, process, or otherwise handle any liquid or solid waste which requires a discharge to water of the D.C. (FORM 20)?	X	B. Does or will this facility (other than existing or proposed incineration, combustion, or process heating) produce, process, or otherwise handle any liquid or solid waste which requires a discharge to water of the D.C. (FORM 20)?	X
C. Is this a facility which currently results in discharges to waters of the D.C. other than those described in A or B above (FORM 20)?	X	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the D.C. (FORM 20)?	X
E. Does or will this facility treat, store, or dispose of hazardous wastes (FORM 3)?	X	F. Do you or will you inject at this facility (other than municipal effluents below the lowest stratum containing water) any material into the well, bore, or underground source of drinking water?	X
G. Do you or will you use at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, and which are not otherwise recycled or disposed of in a manner which would require a discharge to waters of the D.C. (FORM 20)?	X	H. Do you or will you conduct at this facility (other than the process of mining of sulfur by the Frasch process) any mining of sulfur?	X
I. Do you or will you conduct at this facility (other than the process of mining of sulfur by the Frasch process) any mining of other minerals?	X	J. Do you or will you conduct at this facility (other than the process of mining of sulfur by the Frasch process) any mining of other minerals?	X

**III. NAME OF FACILITY**

1 **GATX TERMINALS CORPORATION**

**IV. FACILITY CONTACT**

A. NAME & TITLE (Last, first, & middle)	B. PHONE (area code & number)
2 <b>LIESCH ROY E TERMINAL MANAGER</b>	312 581 2340

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX	B. CITY OR TOWN
3 <b>PO BOX 409</b>	<b>ARGO</b>

C. STATE	D. ZIP CODE
<b>IL</b>	<b>60501</b>

**VI. FACILITY LOCATION**

A. STREET, ROUTE, NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME
5 <b>8500 W 68TH STREET</b>	<b>COOK</b>

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if different)
<b>BEDFORD PARK</b>	<b>IL</b>	<b>60501</b>	<b>031</b>



### III. OPERATOR INFORMATION

EXISTING ENVIRONMENTAL PERMIT

\_\_\_\_\_

[illegible]

## K12. NATURE OF BUSINESS

Storage and handling of various bulk liquids for hire. Client owned commodities of many different characteristics such as fats and oils, refined oil products, chemicals and petrochemicals are stored in bulk tanks. Commodities are received and shipped by road transport, rail, barge, pipeline and in some cases smaller containers.

F9A/51

### XIII. CERTIFICATION

I certify under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the information and attachments and that I have provided are true and correct. I understand that providing false information for obtaining the information contained in the application, I believe, could result in criminal prosecution and civil penalties. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

COMMENTS FOR OFFICIAL USE ONLY

FORM 3 RCRA

**EPA**

**HAZARDOUS WASTE PERMIT APPLICATION**  
Consolidated Permits Program  
(This information is required under Section 3005 of RCRA.)

**I. EPA I.D. NUMBER**

NOT RECEIVED

31

**FOR OFFICIAL USE ONLY**

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24	29

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
8	5	1
73	74	75

☐ 2. NEW FACILITY (Complete item below.)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY
73	74	75

**B. REVISED APPLICATION** (place an "X" below and complete item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
<b>UNIT OF MEASURE CODE</b>			<b>UNIT OF MEASURE CODE</b>		
GALLONS . . . . .	G	LITERS PER DAY . . . . .	V	ACRE-FEET . . . . .	A
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	HECTARE-METER . . . . .	F
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	W	ACRES . . . . .	B
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	HECTARES . . . . .	Q
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
16	18	19	27	28	29	32	33
X-1	S-02	600	G	5			
X-2	T-03	20	E	6			
1	S-01	5500	G	7			
2				8			
3				9			
4				10			

# PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE, INCLUDE DESIGN CAPACITY.

This application is for storage only for over 90 days prior to proper disposal by others. No disposal or treatment facilities are included.

## DESCRIPTION OF HAZARDOUS WASTES

**EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## PROCESSES

### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous waste:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

### 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**SAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



CONTINUE ON REVERSE

**DESCRIPTION OF HAZARDOUS WASTES** (continued)  
USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

The waste is not normally generated, stored or shipped out for disposal where zero appears on the preceding page. It may be disposed of off site as a result of an unusual condition or accident.

EPA I.D. NO. (enter from page 1)											
1	2	3	4	5	6	7	8	9	10	11	12
2	1	4	0	5	1	6	1	4	7	6	3
13	14	15									

F6A/55

**FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**I. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). F6A/56

**II. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)					
4	1	4	6	0	1	8	7	4	9	2	0
55	56	57	58	59	71	72	74	75	76	77	79

**III. FACILITY OWNER**

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER						2. PHONE NO. (area code & no.)					
3. STREET OR P.O. BOX						4. CITY OR TOWN					
5. ST.						6. ZIP CODE					

**IX. OWNER CERTIFICATION**

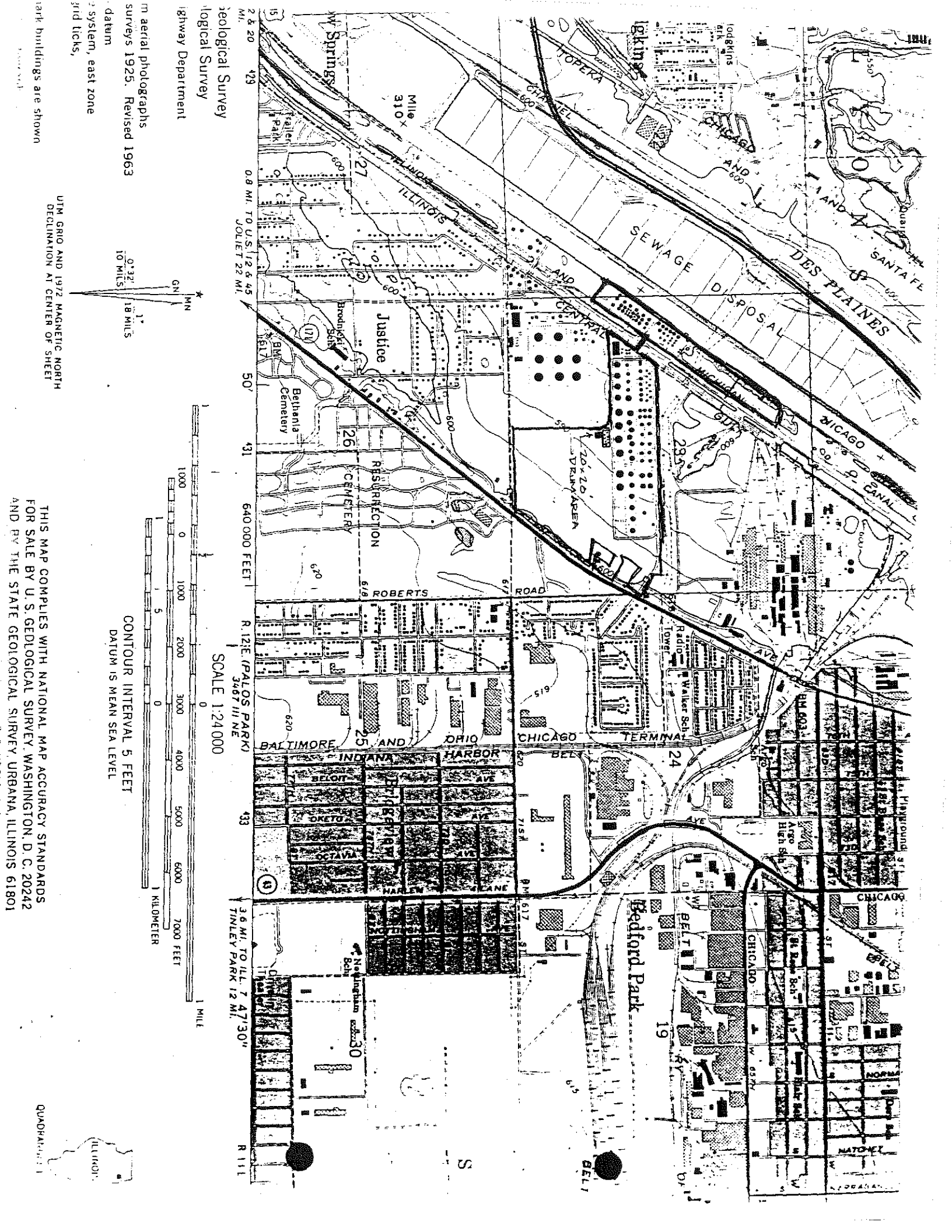
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
R. W. Bogan - Vice President	<i>R. W. Bogan</i>	11/5/80

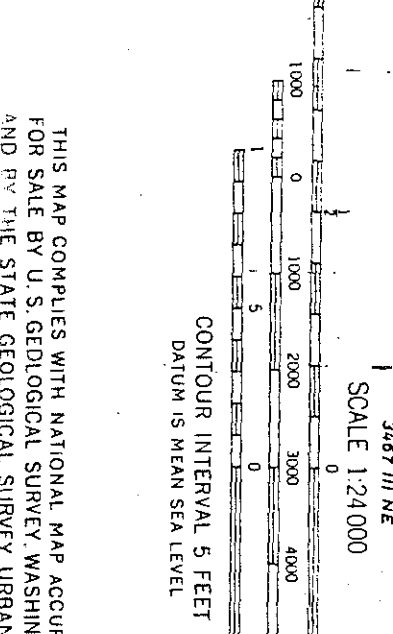
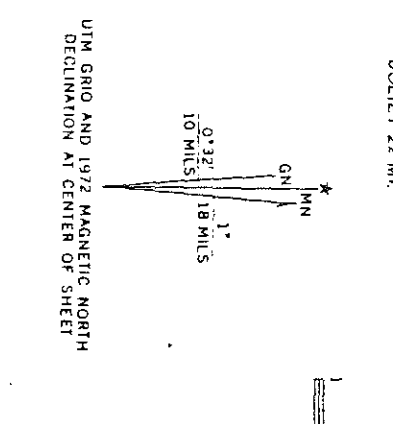
**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Roy E. Liesch, Terminal Manager	<i>Roy E. Liesch</i>	11/17/80



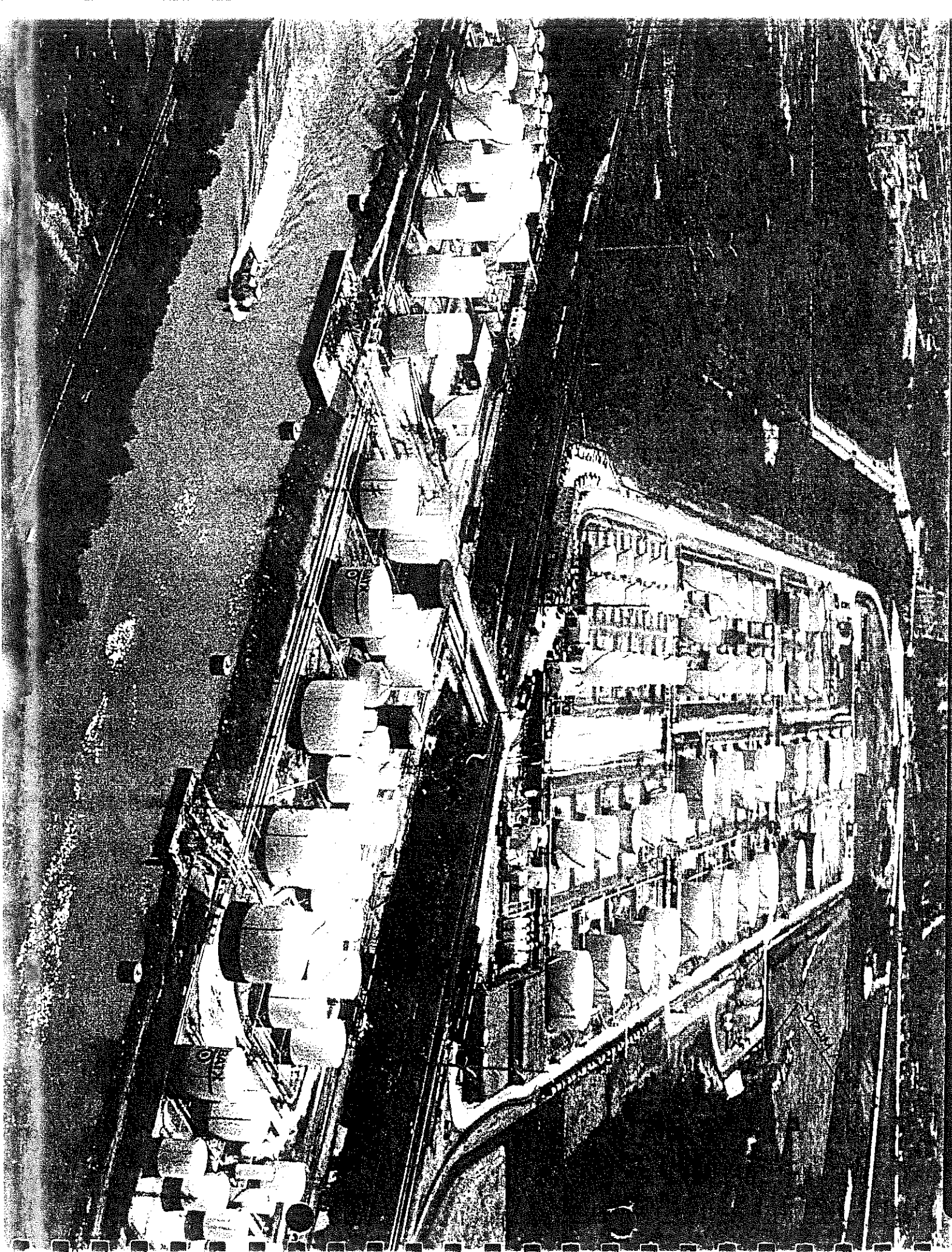
Geological Survey  
Highway Department  
aerial photographs  
surveys 1925. Revised 1963  
datum  
system, east zone  
grid ticks,  
mark buildings are shown



UTM GRID AND 1972 MAGNETIC NORTH  
DECLINATION AT CENTER OF SHEET

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS  
FOR SALE BY U.S. GEOLOGICAL SURVEY, WASHINGTON, D. C. 20242  
AND BY THE STATE GEOLOGICAL SURVEY, URBANA, ILLINOIS 61801





FACILITY NAME  
-----  
GATX TERMINALS CORP

EPA ID NUMBER  
-----  
ILD0005161476

FACILITY OPERATOR  
-----  
GATX TERMINALS CORP

FACILITY OWNER  
-----  
GATX TERMINALS CORP

FACILITY LOCATION  
-----  
8500 W 68TH STREET  
BEDFORD PARK IL 60501

PROCESS CODE -----	DESIGN CAPACITY -----	UNIT OF MEASURE -----
S01	5500,00000	G

-----\*\*KEY\*\*-----

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE	* UNIT OF MEASURE
-----			
STORAGE:			* GALLONS
-----			* LITERS
CONTAINER	S01	G OR L	* CUBIC YARDS
TANK	S02	G OR L	* CUBIC METERS
WASTE PILE	S03	Y OR C	* GALLONS PER DAY
SURFACE IMPOUNDMENT	S04	G OR L	* LITERS PER DAY
DISPOSAL:			* TONS PER HOUR
-----			* METRIC TONS\HOUR
INJECTION WELL	D79	G,L,U, OR V	* GALLONS\HOUR
LANDFILL	D80	A OR F	* LITERS\HOUR
LAND APPLICATION	D81	B OR G	* ACRE-Feet
OCEAN DISPOSAL	D82	U OR V	* HECTARE-METER
SURFACE IMPOUNDMENT	D83	G OR L	* ACRES
TREATMENT:			* HECTARES
-----			* POUNDS\HOUR
TANK	T01	U OR V	* KILOGRAMS\HOUR
SURFACE IMPOUNDMENT	T02	U OR V	* TONS PER DAY
INCINERATOR	T03	D,W,E, OR H	* METRIC TONS\DAY
OTHER	T04	J,R,N,S,U,V	*

CERTIFICATION REGARDING POTENTIAL RELEASES FROM  
SOLID WASTE MANAGEMENT UNITS

FACILITY NAME: GATX Terminals Corporation  
EPA I.D. NUMBER: ILD 005161476  
LOCATION CITY: Bedford Park  
STATE: Illinois

1. Are there any of the following solid waste management units (existing or closed) at your facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTE UNITS CURRENTLY SHOWN IN YOUR PART A APPLICATION

	YES	NO
• Landfill	<u>      </u>	<u>X</u>
• Surface Impoundment	<u>      </u>	<u>X</u>
• Land Farm	<u>      </u>	<u>X</u>
• Waste Pile	<u>      </u>	<u>X</u>
• Incinerator	<u>      </u>	<u>X</u>
• Storage Tank (Above Ground)	<u>X</u>	<u>      </u>
• Storage Tank (Underground)	<u>      </u>	<u>X</u>
• Container Storage Area	<u>      </u>	<u>X</u>
• Injection Wells	<u>      </u>	<u>X</u>
• Wastewater Treatment Units	<u>      </u>	<u>X</u>
• Transfer Stations	<u>      </u>	<u>X</u>
• Waste Recycling Operations	<u>      </u>	<u>X</u>
• Waste Treatment, Detoxification	<u>      </u>	<u>X</u>
• Other <u>                    </u>	<u>      </u>	<u>      </u>

2. If there are "Yes" answers to any of the items in Number 1 above, please provide a description of the wastes that were stored, treated or disposed of in each unit. In particular, please focus on whether or not the wastes would be considered as hazardous wastes or hazardous constituents under RCRA. Also include any available data on quantities or volume of wastes disposed of and the dates of disposal. Please also provide a description of each unit and include capacity, dimensions and location at facility. Provide a site plan if available.

There are no wastes treated, stored, or disposed at the facility except for residual product sold as fuel. These residuals, which have not been previously used, are temporarily stored in one of three tanks prior to being shipped to an authorized TSD facility. The material is manifested by request of the recipient because of the characteristics exhibited (i.e. ignitability), although we do not consider them to be waste material.

NOTE: Hazardous wastes are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.



3. For the units noted in Number 1 above and also those hazardous waste units in your Part A application, please describe for each unit any data available on any prior or current releases of hazardous wastes or constituents to the environment that may have occurred in the past or may still be occurring.

Please provide the following information

- a. Date of release
- b. Type of waste released
- c. Quantity or volume of waste released
- d. Describe nature of release (i.e., spill, overflow, ruptured pipe or tank, etc.)

There have not been any releases of hazardous waste from any solid waste management units of the terminal. The unit listed in our Part A application has never been used and our registration is in the process of being withdrawn.

4. In regard to the prior or continuing releases described in Number 3 above, please provide (for each unit) any analytical data that may be available which would describe the nature and extent of environmental contamination that exists as a result of such releases. Please focus on concentrations of hazardous wastes or constituents present in contaminated soil or groundwater.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the submittal is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and 40 CFR 270.11(d))

R. A. Yanz, Terminal Manager  
Typed Name and Title

  
Signature

03/03/86

Date

**GATX**

GATX TERMINALS CORPORATION  
P.O. BOX 409  
ARGO, IL 60501-0409

**CERTIFIED**  
P 602 143 442  
**MAIL**

RCRA Activities  
Region V  
P.O. Box A3587  
Attention: ATKJG  
Chicago, Illinois 60690

**RECEIVED**

**MAR 0 4 1986**

U.S. EPA, REGION V  
JWD - AHS



CERTIFICATION REGARDING POTENTIAL RELEASES FROM  
SOLID WASTE MANAGEMENT UNITS

FACILITY NAME: GATX Terminals Corporation  
EPA I.D. NUMBER: ILD 005161476  
LOCATION CITY: Bedford Park  
STATE: Illinois

1. Are there any of the following solid waste management units (existing or closed) at your facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTE UNITS CURRENTLY SHOWN IN YOUR PART A APPLICATION

	YES	NO
• Landfill	<u>      </u>	<u>X</u>
• Surface Impoundment	<u>      </u>	<u>X</u>
• Land Farm	<u>      </u>	<u>X</u>
• Waste Pile	<u>      </u>	<u>X</u>
• Incinerator	<u>      </u>	<u>X</u>
• Storage Tank (Above Ground)	<u>X</u>	<u>      </u>
• Storage Tank (Underground)	<u>      </u>	<u>X</u>
• Container Storage Area	<u>      </u>	<u>X</u>
• Injection Wells	<u>      </u>	<u>X</u>
• Wastewater Treatment Units	<u>      </u>	<u>X</u>
• Transfer Stations	<u>      </u>	<u>X</u>
• Waste Recycling Operations	<u>      </u>	<u>X</u>
• Waste Treatment, Detoxification	<u>      </u>	<u>X</u>
• Other <u>      </u>	<u>      </u>	<u>      </u>

2. If there are "Yes" answers to any of the items in Number 1 above, please provide a description of the wastes that were stored, treated or disposed of in each unit. In particular, please focus on whether or not the wastes would be considered as hazardous wastes or hazardous constituents under RCRA. Also include any available data on quantities or volume of wastes disposed of and the dates of disposal. Please also provide a description of each unit and include capacity, dimensions and location at facility. Provide a site plan if available.

There are no wastes treated, stored, or disposed at the facility except for residual product sold as fuel. These residuals, which have not been previously used, are temporarily stored in one of three tanks prior to being shipped to an authorized TSD facility. The material is manifested by request of the recipient because of the characteristics exhibited (i.e. ignitability), although we do not consider them to be waste material.

NOTE: Hazardous wastes are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.



3. For the units noted in Number 1 above and also those hazardous waste units in your Part A application, please describe for each unit any data available on any prior or current releases of hazardous wastes or constituents to the environment that may have occurred in the past or may still be occurring.

Please provide the following information

- a. Date of release
- b. Type of waste released
- c. Quantity or volume of waste released
- d. Describe nature of release (i.e., spill, overflow, ruptured pipe or tank, etc.)


There have not been any releases of hazardous waste from any solid waste management units of the terminal. The unit listed in our Part A application has never been used and our registration is in the process of being withdrawn.

4. In regard to the prior or continuing releases described in Number 3 above, please provide (for each unit) any analytical data that may be available which would describe the nature and extent of environmental contamination that exists as a result of such releases. Please focus on concentrations of hazardous wastes or constituents present in contaminated soil or groundwater.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the submittal is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (42 U.S.C. 6902 et seq. and 40 CFR 270.11(d))

R. A. Yanz, Terminal Manager  
Typed Name and Title

  
Signature

03/03/86

Date



217/782-6761

Refer to: 0310120006 -- Cook County  
GATX Terminals Corp.  
ILD006161476  
RCRA - Permits

Attn: Environmental Coordinator  
or Plant Manager

May 6, 1988

GATX Terminals Corp.  
8500 W. 68th St.  
Bedford Park, IL 60636

Dear Sir:

According to Agency files, your facility currently manages hazardous waste in containers and/or tanks subject to the requirements of 35 IAC 700-725. 35 IAC 703.157(f) states that interim status for any hazardous waste storage or treatment facility will be terminated November 8, 1992, unless the facility submits Part B of the RCRA permit application for these units to this Agency by November 8, 1988. This letter is written to (1) make you aware of this requirement and (2) describe the actions which must be taken in response to this requirement.

According to 35 IAC 703.157(f), if an existing facility desires to (1) store hazardous waste on-site for greater than ninety (90) days, (2) treat hazardous waste, or (3) store hazardous waste as a commercial facility after November 8, 1992, it must submit Part B of the RCRA permit application to this Agency by November 8, 1988. The information which must be contained in this application is described in 35 IAC 703, Subpart B. The enclosed document, entitled "RCRA Permit Guidance" provides more detail regarding the necessary contents of the application and also identifies several guidance documents which will be useful in developing the application. Also included in this document is the form which must be used when submitting the application.

If a facility does not desire to continue storing and/or treating hazardous waste after November 8, 1992, it must close the storage and/or treatment unit(s) present at the facility prior to this date. Closure, in this instance, basically means that all contamination must be removed from the unit(s) and if necessary, from the area surrounding these units. The requirements which must be met in closing these units are contained in 35 IAC 725, Subpart G. For your convenience, guidance for the development of a closure plan is contained in the enclosed document entitled "Instructions for the Preparation of Closure Plans for Interim Status RCRA Hazardous Waste Facilities." PLEASE NOTE THAT A CLOSURE PLAN DOES NOT NEED TO BE SUBMITTED AT THIS TIME. IT MUST HOWEVER, BE SUBMITTED TO THE AGENCY NO LATER THAN MAY 8, 1992.





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In some instances, there may be several interim status hazardous waste management units at a facility. The facility may desire to pursue a final RCRA permit for a portion of these units and close the rest of them. Because of the uncertainty associated with this option, all interim status units at a facility must be included in Part B of the RCRA permit application, unless a closure plan for the units being closed is submitted with the Part B. If a closure plan is submitted with the Part B, the application need only address those units which will remain in operation.

The only alternatives available for hazardous waste treatment and storage facilities to meet the requirements of 35 IAC 703.157(f) are (1) submit Part B of the RCRA permit application by November 8, 1988 or (2) close by November 8, 1988. However, some facilities may have previously filed Part A of the RCRA permit application in error and now feel that the hazardous waste management activities carried out at the facility do not require a RCRA permit (i.e. the Part A was filed for protective measures). If this is the case, the Agency requests that information supporting this position be submitted no later than November 8, 1988. The Agency can then review the information submitted and correct its records accordingly. The information which must be submitted to make this demonstration is contained in the enclosed document entitled "Facility Part A Withdrawal Request Form."

Finally, some facilities may have closed or are currently closing in accordance with an IEPA approved closure plan. (Please bear in mind this letter is going out to over 200 facilities; some closed facilities may inadvertently receive this letter.) In this instance, the Agency requests that a copy of (1) the closure plan approval letter and (2) the letter from the Agency accepting the certifications of the owner/operator and the registered professional engineer that closure was carried out in accordance with the approved closure plan (if closure has been completed) be submitted by November 8, 1988. The Agency will again be able to review this information and correct its records accordingly.

Because of the large number of facilities subject to the requirements of 35 IAC 703.157(f), the Agency requests that all facilities receiving this letter complete the enclosed form entitled "RCRA Permit Information Form." The form has been developed such that it can be used by a facility falling into any of the five categories described above (pursuing a final permit, planning to close, pursuing a permit for only a portion of the interim status units and closing the other units, protective filers, closed in accordance with an IEPA approved closure plan). This form must be submitted to the Agency no later than November 8, 1988, along with all required attachments. Failure to do so may subject a facility to enforcement under State and/or Federal regulations and possible monetary penalties up to \$25,000 per day of noncompliance.





Page 3

The RCRA Permit Information Form and all required attachments must be submitted in triplicate (original and two (2) copies) to the following address:

Permit Section, RCRA Unit  
Division of Land Pollution Control  
Illinois Environmental Protection Agency  
2200 Churchill Road  
P.O. Box 19276  
Springfield, IL 62794-9276

If you have any questions regarding this letter, please contact Jim Moore at 217/782-9875.

Very truly yours,

Lawrence W. Eastep, P.E., Manager  
Permit Section  
Division of Land Pollution Control

LHE:JKM:mab/1203j/1204j/

Enclosures

cc: Division File  
Compliance  
Maywood Region  
USPEA Region V

<b>FORM</b> <b>1</b> <b>GENERAL</b>	 <b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             NOT RECEIVED              ELDO0051614763           </div>	<b>GENERAL INSTRUCTIONS</b> <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>
<b>PLEASE PLACE LABEL IN THIS SPACE</b>			

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1	SKIP	GATX TERMINALS CORPORATION	
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**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	LIESCH ROY E TERMINAL MANAGER	312	581 2340

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX			
3	PO BOX 409		
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4	ARGO	IL	60501

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5	8500 W 68TH STREET		
B. COUNTY NAME		C. CITY OR TOWN	D. STATE
6	COOK	BEDFORD PARK	IL
		E. ZIP CODE	F. COUNTY CODE (if known)
		60501	031



## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7	4	2	2	6	(specify)	Miscellaneous Warehouse	7				(specify)								
C. THIRD										D. FOURTH									
7					(specify)		7				(specify)								

## VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?														
8	G	A	T	X	T	E	R	M	I	N	A	L	S	C	O	R	P	O	R	A	T	I	O	N	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)														
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)															3 1 2 5 8 1 2 3 4 0 15 16 17 18 19 20 21 22 23 24														
E. STREET OR P.O. BOX																													
P O BOX 4 9																													
F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND				
B A R G O															I L					6 0 5 0 1					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
9	N	I	L	0	0	3	3	5	4	5	9	P																	
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9	U										9																		
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9	R										9																		

## XI. MAP


Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Storage and handling of various bulk liquids for hire. Client owned commodities of many different characteristics such as fats and oils, refined oil products, chemicals and petrochemicals are stored in bulk tanks. Commodities are received and shipped by road transport, rail, barge, pipeline and in some cases smaller containers.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
R. W. Bogan- Vice President																														11/5/80									

## COMMENTS FOR OFFICIAL USE ONLY

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479

FORM <b>3</b> RCRA		ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER											
			NOT RECEIVED 31											

ILD005761476

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 29	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS . . . . .	G	LITERS PER DAY . . . . .	V	ACRE-FEET . . . . .	A
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	HECTARE-METER . . . . .	F
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	W	ACRES . . . . .	B
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	HECTARES . . . . .	Q
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S C 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32									
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32									
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEAS- URE (enter code)				1. AMOUNT	2. UNIT OF MEAS- URE (enter code)	
X-1	S-0-2	600	G		5				
X-2	T-0-3	20	E		6				
1	S-0-1	5500	G		7				
2					8				
3					9				
4					10				
16 - 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32									



**III. PROCESSES** *(continued)*

**C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.**

This application is for storage only for over 90 days prior to proper disposal by others. No disposal or treatment facilities are included.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

**ENGLISH UNIT OF MEASURE**                      **CODE**  
 POUNDS . . . . . P  
 TONS . . . . . T

**METRIC UNIT OF MEASURE**                      **CODE**  
 KILOGRAMS . . . . . K  
 METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. X-1 X-2 X-3 X-4	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



474

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY															
W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15										W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26															
1 4 0 0 5 7 6 1 4 7 6 3 1										DUP 3 2 DUP															
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	D. PROCESSES															
										1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1)).							
	23	24	25	26	27	28	29	30	31	27	28	29	27	28	29	27	28	29	27	28	29				
1	U	0	0	2	1.0000				P	S01															
2	U	0	0	8	1.0000				P	S01															
3	U	0	1	9	1.0000				P	S01															
4	U	0	3	1	1.0000				P	S01															
5	U	0	5	7	1.0000				P	S01															
6	U	1	1	2	1.0000				P	S01															
7	U	1	1	3	1.0000				P	S01															
8	U	1	2	2	1.0000				P	S01															
9	U	1	4	0	1.0000				P	S01															
10	U	1	5	4	1.0000				P	S01															
11	U	1	5	9	1.0000				P	S01															
12	U	2	2	0	1.0000				P	S01															
13	U	2	3	9	1.0000				P	S01															
14	U	2	1	3	1.0000				P	S01															
15	D	0	0	1	1.0000				P	S01															
16	D	0	0	2	1.0000				P	S01															
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									



IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

The waste is not normally generated, stored or shipped out for disposal where zero appears on the preceding page. It may be disposed of off site as a result of an unusual condition or accident.

EPA I.D. NO. (enter from page 1)														
S	F	1	2	3	4	5	6	7	8	9	10	11	12	13

F6A/55

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6A/56

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

41 46 01

LONGITUDE (degrees, minutes, &amp; seconds)

087 49 20

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX															4. CITY OR TOWN															5. ST.					6. ZIP CODE				

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

R. W. Bogan - Vice President

B. SIGNATURE

R. W. Bogan

C. DATE SIGNED

11/5/80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Roy E. Liesch, Terminal Manager

B. SIGNATURE

Roy E. Liesch

C. DATE SIGNED

11/17/80

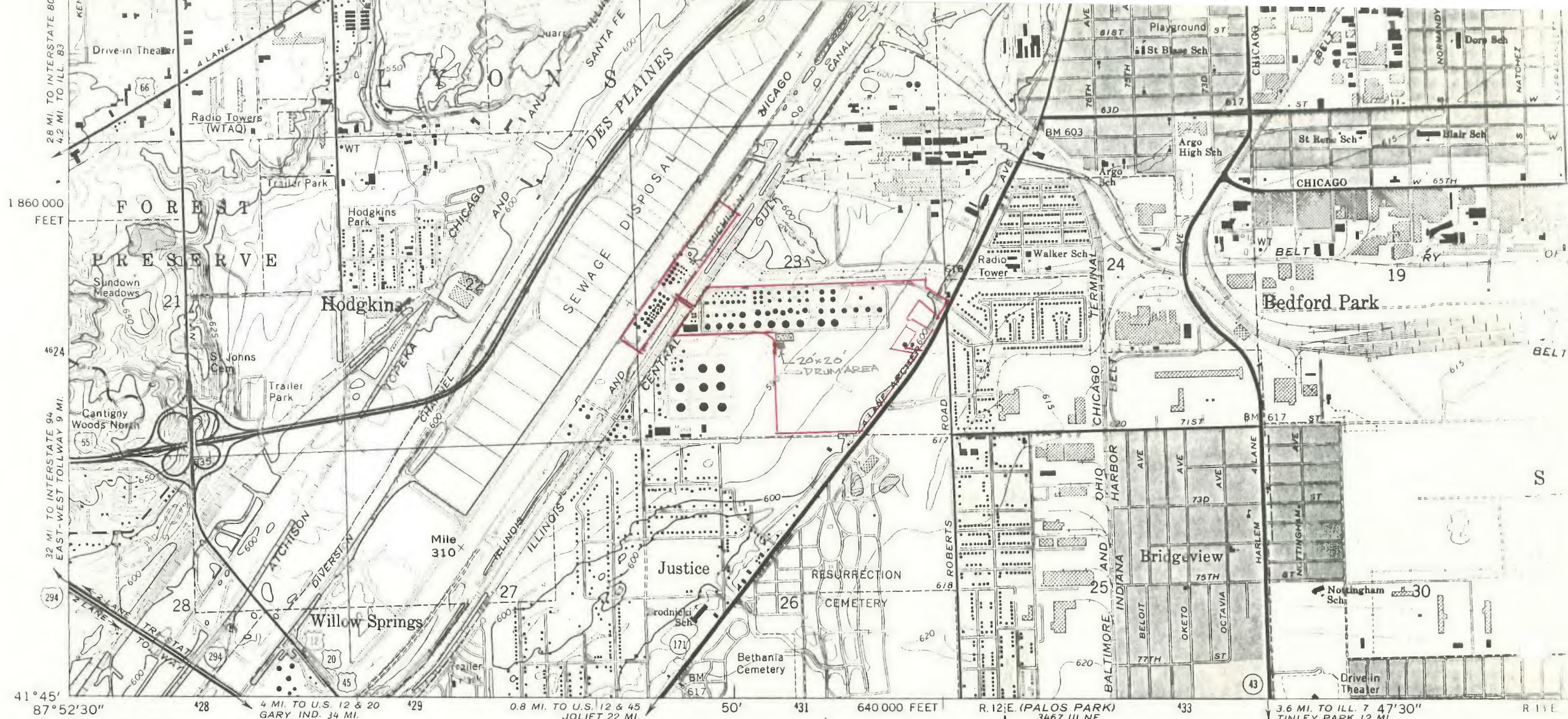
V. FACILITY DRAWING (see page 4)

414



<b>RECORD OF COMMUNICATION</b>		<input checked="" type="checkbox"/> PHONE CALL <input type="checkbox"/> DISCUSSION <input type="checkbox"/> FIELD TRIP <input type="checkbox"/> CONFERENCE	
		<input type="checkbox"/> OTHER (SPECIFY) _____	
		(Record of item checked above)	
<b>TO:</b>  Giovacchini, Joe	<b>FROM:</b>  David Homer	<b>DATE</b> 8/24/81	<b>TIME</b> 3:15
<b>SUBJECT</b> 1LD005161476 GATX Terminals Corp.			
<b>SUMMARY OF COMMUNICATION</b> <p>             A wastes are stored in drums. The quantities are zero because they don't expect a spill. I explained they needed to give a quantity, so he said 1 lb was OK by him.           </p>			
<b>CONCLUSIONS, ACTION TAKEN OR REQUIRED</b>			
<b>INFORMATION COPIES</b> <b>TO:</b>			





Mapped, edited, and published by the Geological Survey  
in cooperation with State of Illinois Geological Survey

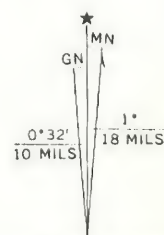
Control by USGS, USC&GS, Cook County Highway Department  
and City of Chicago

Planimetry by photogrammetric methods from aerial photographs  
taken 1962-63. Topography by planetable surveys 1925. Revised 1963

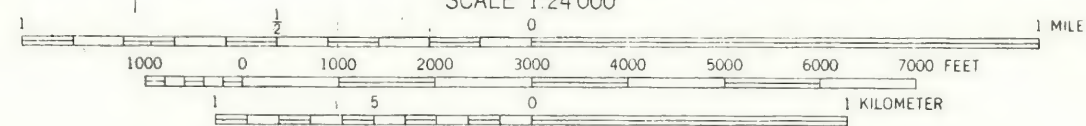
Polyconic projection. 1927 North American datum  
10,000-foot grid based on Illinois coordinate system, east zone  
1000-meter Universal Transverse Mercator grid ticks,  
zone 16, shown in blue

Red tint indicates areas in which only landmark buildings are shown

Revisions shown in purple compiled from aerial photographs  
taken 1972. This information not field checked



UTM GRID AND 1972 MAGNETIC NORTH  
DECLINATION AT CENTER OF SHEET



SCALE 1:24 000  
CONTOUR INTERVAL 5 FEET  
DATUM IS MEAN SEA LEVEL

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS  
FOR SALE BY U. S. GEOLOGICAL SURVEY, WASHINGTON, D. C. 20242  
AND BY THE STATE GEOLOGICAL SURVEY, URBANA, ILLINOIS 61801  
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST



QUADRANGLE 1



[illegible]



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

1LD005161476  
PT A

REPLY TO ATTENTION OF:

SHW

12/22/82

CATX Terminals Corp  
120 S. Riverside Plaza  
Chicago, Ill. 60606

Subject: Resource Conservation and Recovery Act (RCRA) Financial  
Responsibility Requirements

Under RCRA, Illinois, Indiana, and Wisconsin are authorized states;  
your firm must meet state financial responsibility requirements  
rather than the federal requirements contained in 40 CFR Part 265.  
Contact the state agency(ies) identified below about these require-  
ments.

Feel free to contact me with questions at (312) 886-4023.

Sincerely,

Thomas B. Golz  
Environmental Scientist

Enclosure(s): Returned material(s)

- ☐ trust
- ☐ letter of credit
- ☐ surety bond
- ☐ financial test
- ☐ corporate guarantee
- ☐ closure or post-closure insurance
- ☒ liability insurance

copy <input checked="" type="checkbox"/>	Mr. Scott Phillips ( ) Illinois EPA 2200 Churchill Road Springfield, IL 62706	Mr. Patrick Haines ( ) Indiana State Board of Health 1330 W. Michigan St. Indianapolis, IN 46206	Mr. Robert Eckdale Wisconsin DNR Box 7921 Madison, WI 53707
--	---	---	---



<input checked="" type="checkbox"/> NEW	CODE	---	AMT PER OCCURANCE FOR SUI	N	-----
<input type="checkbox"/> CHANGE	SEQUENCE NO.	---	ANNUAL AMT FOR SUDDEN		-----
<input type="checkbox"/> DELETE	STATUS	A	AMT PER OCCURENCE FOR NONSUDDEN		-----
	FREE FIELD 1	---	ANNUAL AMT FOR NONSUDDEN		-----
	FREE FIELD 2	---	DATE EXPIRES		-----
	FREE FIELD 3	---			-----

yr mo day

COMMENT TEXT (80 CHARACTERS MAXIMUM):

## FINANCIAL PARTIES

<input checked="" type="checkbox"/> NEW	SEQUENCE NO.	---
<input type="checkbox"/> CHANGE	NAME	-----
<input type="checkbox"/> DELETE	MAILING ADDRESS	-----
	CITY	-----
	STATE	---
	ZIP CODE	-----

<input type="checkbox"/> NEW	SEQUENCE NO.	---
<input type="checkbox"/> CHANGE	NAME	-----
<input type="checkbox"/> DELETE	MAILING ADDRESS	-----
	CITY	-----
	STATE	---
	ZIP CODE	-----

<input type="checkbox"/> NEW	SEQUENCE NO.	---
<input type="checkbox"/> CHANGE	NAME	-----
<input type="checkbox"/> DELETE	MAILING ADDRESS	-----
	CITY	-----
	STATE	---
	ZIP CODE	-----

FACILITY ID ILD-005-161-476

coded by 20 date coded 81 82

FACILITY NAME G.A. X CORPORATION

FACILITY CITY ARGO

\*\*\*\*\*  
005  
CLOSURE AND POST CLOSURE

☒ NEW CURRENT CLOSURE COST ESTIMATE 10180  
☐ CHANGE CURRENT POST CLOSURE COST ESTIMATE 1  
☐ DELETE PRIOR CLOSURE COST ESTIMATE \_\_\_\_\_  
PRIOR POST CLOSURE COST ESTIMATE \_\_\_\_\_

\*\*\*\*\*  
INSTRUMENTS FOR ASSURANCE

☒ NEW CODE G AMOUNT COVERED CLOSURE 10180  
☐ CHANGE SEQUENCE NO. \_\_\_\_\_ AMOUNT COVERED POST CLOSURE \_\_\_\_\_  
☐ DELETE STATUS A CURRENT VALUE CLOSURE \_\_\_\_\_  
FREE FIELD 1 B CURRENT VALUE POST CLOSURE \_\_\_\_\_  
FREE FIELD 2 \_\_\_\_\_ DATE EXPIRES 830331  
FREE FIELD 3 \_\_\_\_\_  
yr mo day

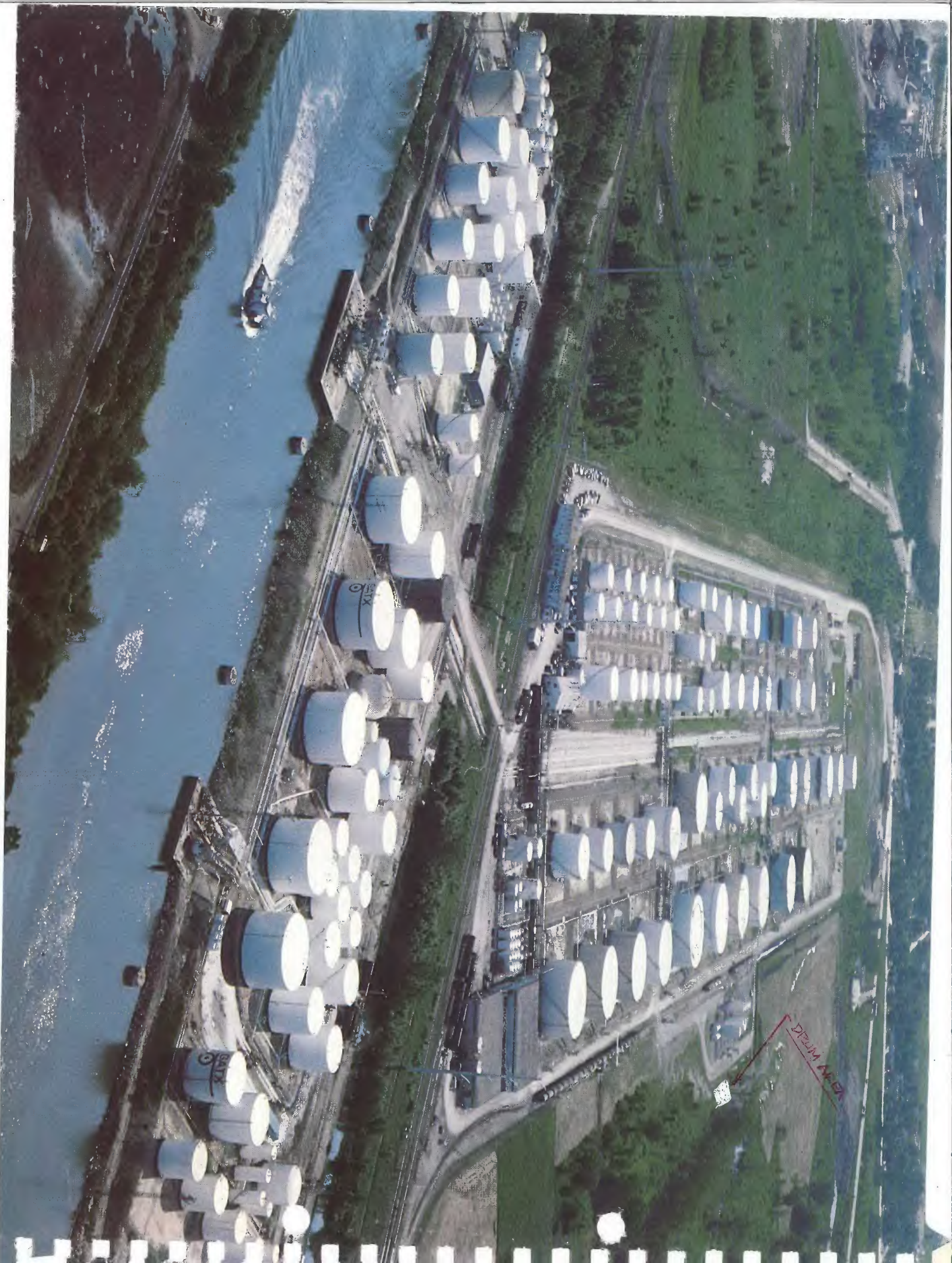
COMMENT TEXT (80 CHARACTERS MAXIMUM):

040 004 224 085

FINANCIAL PARTIES

☒ NEW SEQUENCE NO. \_\_\_\_\_  
☐ CHANGE NAME ERNST AND WHINNEY  
☐ DELETE MAILING ADDRESS 150 SOUTH WACKER DRIVE  
CITY CHICAGO  
STATE IL ZIP CODE 60606

☐ NEW SEQUENCE NO. \_\_\_\_\_  
☐ CHANGE NAME \_\_\_\_\_  
☐ DELETE MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_





# The GATX terminal network

974





## OVER-SIZED DOCUMENT TARGET

At this point in this file

a large document,

such as a map

or

engineering drawing

occurred

...

This type of media is not compatible with this film format,  
which would require that the over-sized document be folded  
and filmed in multiple frames.

To enable the user to see this over-sized document  
as a single entity,  
it has been microfilmed on 35mm film.

.U.# LLD005116 1476

Facility Name GATX Term Corp.

☐ ACKNOWLEDGEMENT SENT

Reviewer Dolins

INTERNAL CHECKLIST

Date Review Started 3/11/81

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING

☐

(2) FORM 3 MISSING

☐

B. POSTMARK after NOVEMBER 19, 1980

☐

Valid ☐

C. (1) DATE of OPERATION MISSING

☐

(2) DATE of OPERATION after NOVEMBER 19, 1980

☐

D. (1) NOTIFIED after AUGUST 18, 1980

☐

Valid ☐

(2) NONNOTIFIER

☐

E. (1) FORM 1, XIII B SIGNATURE MISSING

☐

(2) FORM 3, IX B SIGNATURE MISSING

☐

2. A. TSDF

☐

B. NONREGULATED

☐

C. UNSURE

☐

D. UNKNOWN FACILITY

☐

(missing name and address on Form 3)

E. NEW FACILITY

☐

F. CORE ITEM(S) MISSING

☒

OK DA

G. NONCORE ITEM(S) MISSING

☐

H. OTHER

☐

# RECORD OF COMMUNICATION

☒ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONFERENCE

☐ OTHER (SPECIFY)

(Record of item checked above)

TO: Mr. Ltesch

FROM: Debus

DATE 3/11/81

TIME

## SUBJECT

Facility I.D.#/Facility Name

## SUMMARY OF COMMUNICATION

Informed Mr. Ltesch that  
an estimated <sup>annual</sup> quantity of waste would  
have to be entered onto Form # 3, IV  
for his storage processes — I  
also told him that his application would  
be returned so that he <sup>could</sup> make  
corrections — — —

AD

## CONCLUSIONS, ACTION TAKEN OR REQUIRED

## INFORMATION COPIES

TO:



## ITEM NUMBER

CHECK IF ITEM  
MISSINGII. Pollutant Characteristics ☐\*III. Name of Facility ☐IV. Facility Contact ☐

V. Facility Mailing Address

A. Street or P.O. Box ☐B. City or Town ☐C. State ☐D. Zip Code ☐

VI. Facility Location

\*A. Street, Route Number ☐B. County Name ☐\*C. City or Town ☐\*D. State ☐E. Zip Code ☐F. County Code (if known) ☐VII. SIC Codes (other than Process and Hazardous Waste codes) ☐

VIII. Operator Information

\*A. Name ☐\*B. Is the name listed in VIII-A also the owner ☐C. Status of operator ☐D. Phone ☐\*E. Street or P.O. Box ☐\*F. City or Town ☐\*G. State ☐H. Zip Code ☐I.D.# IL D005161476Reviewer's Initial 

IX. Indian Land

☐

X. Existing Environmental Permits

☐

XI. Map

☐

XII. Nature of Business

☐

XIII. Certification

A. \*1. Name

☐

2. Official Title

☐

\*B. Signature

☐

\*C. Date Signed

☐

Comments:

\*Form 1 is missing

☐D.# IL D00516147Reviewer's Initial AS

FORM 3 (EPA FORM 3510-3)

ITEM NUMBER

CHECK IF ITEM  
MISSING

II. First Application

\*1. Existing Facility Date (on or before  
November 19, 1980)

☐

OR

\*2. New Facility Date (after November 19, 1980)

☐

III. Processes

\*A. Process Code

☐

\*B. Process Design Capacity-Amount

\*1. Amount

☐

\*2. Unit of Measure

☐

IV. Description of Hazardous Wastes

\*A. EPA Hazardous Waste Number

☐

\*B. Estimated Annual Quantity

☒

\*C. Unit of Measure

☒

\*D. Processes

\*1. Process Codes

☐

\*2. Process Description (If no code is shown)

☐

V. Facility Drawing

☐

VI. Photographs

☐

VII. Facility Geographic Location Latitude

Latitude

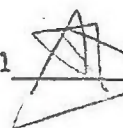
☐

Longitude

☐

I.D.# ILD00516/1476

Reviewer's Initial





CHECK IF ITEM  
MISSING

## VIII. Facility Owner

- \*1. Name of Facility's Legal Owner
- 2. Phone
- \*3. Street or P.O. Box
- \*4. City or Town
- \*5. State
- 6. Zip Code

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

## IX. Owner Certification

- \*A. Name
- \*B. Signature
- \*C. Date Signed

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

## X. Operator Certification

- \*A. Name
- \*B. Signature
- \*C. Date

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Comments:

\*Form 3 is missing

<input type="checkbox"/>
--------------------------

I.D.# IL D005161476Reviewer's Initial   

I.D.# ILD00516 1476

Facility Name GATX Term Corp.

☐ ACKNOWLEDGEMENT SENT

Reviewer Delms

INTERNAL CHECKLIST

Date Review Started 3/11/81

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☐

B. POSTMARK after NOVEMBER 19, 1980 ☐

Valid ☐

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

D. (1) NOTIFIED after AUGUST 18, 1980 ☐

Valid ☐

(2) NONNOTIFIER ☐

E. (1) FORM 1, XIII B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING ☐

2. A. TSDF ☐

B. NONREGULATED ☐

C. UNSURE ☐

D. UNKNOWN FACILITY  
(missing name and address on Form 3) ☐

E. NEW FACILITY ☐

F. CORE ITEM(S) MISSING ☒

G. NONCORE ITEM(S) MISSING ☐

H. OTHER ☐

# RECORD OF COMMUNICATION

☒ PHONE CALL    ☐ DISCUSSION    ☐ FIELD TRIP    ☐ CONFERENCE  
☐ OTHER (SPECIFY)

(Record of item checked above)

TO: Mr. Ltesch

FROM: Debus

DATE 3/11/81  
TIME

## SUBJECT

Facility I.D.#/ Facility Name

## SUMMARY OF COMMUNICATION

Informed Mr. Ltesch that  
an estimated <sup>annual</sup> quantity of waste would  
have to be entered onto Form # 3, ~~IV~~  
for his storage processes — I  
also told him that his application would  
be returned so that he <sup>could</sup> make  
corrections — — —

AD

## CONCLUSIONS, ACTION TAKEN OR REQUIRED

## INFORMATION COPIES

TO:



ITEM NUMBER

CHECK IF ITEM  
MISSINGII. Pollutant Characteristics ☐\*III. Name of Facility ☐IV. Facility Contact ☐

V. Facility Mailing Address

A. Street or P.O. Box ☐B. City or Town ☐C. State ☐D. Zip Code ☐

VI. Facility Location

\*A. Street, Route Number ☐B. County Name ☐\*C. City or Town ☐\*D. State ☐E. Zip Code ☐F. County Code (if known) ☐VII. SIC Codes (other than Process and Hazardous Waste codes) ☐

VIII. Operator Information

\*A. Name ☐\*B. Is the name listed in VIII-A also the owner ☐C. Status of operator ☐D. Phone ☐\*E. Street or P.O. Box ☐\*F. City or Town ☐\*G. State ☐H. Zip Code ☐I.D.# IL D005161476Reviewer's Initial AA

IX. Indian Land ☐X. Existing Environmental Permits ☐XI. Map ☐XII. Nature of Business ☐

XIII. Certification

A. \*1. Name ☐2. Official Title ☐\*B. Signature ☐\*C. Date Signed ☐

Comments:

\*Form 1 is missing ☐.D.# ILD00516147Reviewer's Initial 

FORM 3 (EPA FORM 3510-3)

ITEM NUMBER

CHECK IF ITEM  
MISSING

II. First Application

\*1. Existing Facility Date (on or before  
November 19, 1980)

☐

OR

\*2. New Facility Date (after November 19, 1980)

☐

III. Processes

\*A. Process Code

☐

\*B. Process Design Capacity-Amount

\*1. Amount

☐

\*2. Unit of Measure

☐

IV. Description of Hazardous Wastes

\*A. EPA Hazardous Waste Number

☒

\*B. Estimated Annual Quantity

☒

\*C. Unit of Measure

☒

\*D. Processes

\*1. Process Codes

☐

\*2. Process Description (If no code is shown)

☐

V. Facility Drawing

☐

VI. Photographs

☐

VII. Facility Geographic Location Latitude

Latitude

☐

Longitude

☐

I.D.#

ILD00516/476

Reviewer's Initial



CHECK IF ITEM  
MISSING

## VIII. Facility Owner

- \*1. Name of Facility's Legal Owner
- 2. Phone
- \*3. Street or P.O. Box
- \*4. City or Town
- \*5. State
- 6. Zip Code

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

## IX. Owner Certification

- \*A. Name
- \*B. Signature
- \*C. Date Signed

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

## X. Operator Certification

- \*A. Name
- \*B. Signature
- \*C. Date

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Comments:

\*Form 3 is missing

<input type="checkbox"/>
--------------------------

I.D.#

IL D005161476

Reviewer's Initial

AD

PHASE ONE

Indicate by  
your initials:  
Yes 474 No

Valid  
Print  
Date

Refer to  
Form No.

Interim Regulatory Requirements

1 T/S/D Facility? (If No, return to respondent.) q

3 Form 1 received? q

3 Form 3 received? q

1 & 3 Postmarked on or before November 19, 1980? q

3 Date of operation entered? q

3 Date of operation on or before November 19, 1980? q

~~Notified~~  
~~Record~~ Notifier? q

Notified on or before August 18, 1980? q

1 Form 1, XIII B signed? q

3 Form 3, IX B Signed? q

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: 1-28-81)

PHASE TWO

1 unsure if regulated or non-regulated?     

3 New facility?     

1 & 3 Core items missing? If Yes, indicate which items:

Facility name     ; location     ; mail address     ; operator info     ;

certification     ; process info     ; waste info     ; owner     ; sigs     .

PHASE THREE

1 & 3 Non-core items missing? If Yes, indicate which items:

Maps     ; photos     ; drawings     ; lat/long     .

Other observations and comments:

Received Date Stamp

(Stamp forms also)



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

APR 8 1982

Roy E. Liesch, Terminal Manager  
GATX Terminals Corporation  
P.O. Box 409  
Argo, Illinois 60501

RE: Interim Status Acknowledgement  
FACILITY NAME: GATX Terminals Corp.

USEPA ID No. ILD005161476

Dear Mr. Liesch:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

grh 5/8/82

Enclosure

cc: R.W. Bogan



FACILITY NAME  
-----  
GATX TERMINALS CORP

EPA ID NUMBER  
-----  
ILD005161476

FACILITY OPERATOR  
-----  
GATX TERMINALS CORP

FACILITY OWNER  
-----  
GATX TERMINALS CORP

FACILITY LOCATION  
-----  
8500 W 68TH STREET  
BEDFORD PARK IL 60501

PROCESS CODE	DESIGN CAPACITY	UNIT OF MEASURE
-----	-----	-----
S01	5500.00000	G

-----\*\*KEY\*\*-----

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE	* UNIT OF MEASURE	CODE
-----	-----	-----	-----	-----
STORAGE:			* GALLONS	G
-----			* LITERS	L
CONTAINER	S01	G OR L	* CUBIC YARDS	Y
TANK	S02	G OR L	* CUBIC METERS	C
WASTE PILE	S03	Y OR C	* GALLONS PER DAY	U
SURFACE IMPOUNDMENT	S04	G OR L	* LITERS PER DAY	V
DISPOSAL:			* TONS PER HOUR	D
-----			* METRIC TONS\HOUR	W
INJECTION WELL	D79	G,L,U, OR V	* GALLONS\HOUR	E
LANDFILL	D80	A OR F	* LITERS\HOUR	H
LAND APPLICATION	D81	B OR Q	* ACRE-FEET	A
OCEAN DISPOSAL	D82	U OR V	* HECTARE-METER	F
SURFACE IMPOUNDMENT	D83	G OR L	* ACRES	B
TREATMENT:			* HECTARES	Q
-----			* POUNDS\HOUR	J
TANK	T01	U OR V	* KILOGRAMS\HOUR	R
SURFACE IMPOUNDMENT	T02	U OR V	* TONS PER DAY	N
INCINERATOR	T03	D,W,E, OR H	* METRIC TONS\DAY	S
OTHER	T04	J,R,N,S,U,V	*	

FACILITY ID ILD-005-61-476 .cpded by, 1 date coded 83 04 05  
FACILITY NAME GATX TERMINALS CORP  
FACILITY CITY ARGO ILD 005 61 476

## CLOSURE AND POST CLOSURE

NEW CURRENT CLOSURE COST ESTIMATE \_\_\_\_\_  
CHANGE CURRENT POST CLOSURE COST ESTIMATE \_\_\_\_\_  
DELETE PRIOR CLOSURE COST ESTIMATE \_\_\_\_\_  
PRIOR POST CLOSURE COST ESTIMATE \_\_\_\_\_

## INSTRUMENTS FOR ASSURANCE

X NEW CODE F AMOUNT COVERED CLOSURE 10180  
CHANGE SEQUENCE NO. \_\_\_\_\_ AMOUNT COVERED POST CLOSURE \_\_\_\_\_  
DELETE STATUS \_\_\_\_\_ CURRENT VALUE CLOSURE \_\_\_\_\_  
FREE FIELD 1 E CURRENT VALUE POST CLOSURE \_\_\_\_\_  
FREE FIELD 2 \_\_\_\_\_ DATE EXPIRES 84 03 31  
FREE FIELD 3 \_\_\_\_\_ yr mo day

COMMENT TEXT (80 CHARACTERS MAXIMUM):

0HD 004 2240 85

## FINANCIAL PARTIES

X NEW SEQUENCE NO. \_\_\_\_\_  
CHANGE NAME ERNST AND WHINNEY  
DELETE MAILING ADDRESS 150 S. WACKER DR  
CITY CHICAGO  
STATE IL ZIP CODE 60606

NEW SEQUENCE NO. \_\_\_\_\_  
CHANGE NAME \_\_\_\_\_  
DELETE MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

17 MAY 1983

ENTERED DATE 5-13-83  
G. BEARD

## INSTRUMENTS FOR INSURANCE

☒ NEW CODE N AMT PER OCCURRENCE FOR SUDDEN \_\_\_\_\_  
\_\_\_\_ CHANGE SEQUENCE NO. \_\_\_\_ ANNUAL AMT FOR SUDDEN \_\_\_\_\_  
\_\_\_\_ DELETE STATUS A AMT PER OCCURRENCE FOR NONSUDDEN 3000000  
FREE FIELD 1 G ANNUAL AMT FOR NONSUDDEN 6000000  
FREE FIELD 2 \_\_\_\_ DATE EXPIRES 84 03 31  
FREE FIELD 3 \_\_\_\_ yr mo day

COMMENT TEXT (80 CHARACTERS MAXIMUM):

0HD 004 224 085

## FINANCIAL PARTIES

☒ NEW SEQUENCE NO. \_\_\_\_  
\_\_\_\_ CHANGE NAME ERNST AND WHINNEY  
\_\_\_\_ DELETE MAILING ADDRESS 150 S. WACKER DR  
CITY CHICAGO  
STATE IL ZIP CODE 60606

\_\_\_\_ NEW SEQUENCE NO. \_\_\_\_  
\_\_\_\_ CHANGE NAME \_\_\_\_\_  
\_\_\_\_ DELETE MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_ ZIP CODE \_\_\_\_\_

\_\_\_\_ NEW SEQUENCE NO. \_\_\_\_  
\_\_\_\_ CHANGE NAME \_\_\_\_\_  
\_\_\_\_ DELETE MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_ ZIP CODE \_\_\_\_\_



FACILITY ID LD-005-161-476 cpded by 1 date coded 83 04 05  
FACILITY NAME GATX TERMINALS CORP  
FACILITY CITY ARGO

CLOSURE AND POST CLOSURE

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CHANGE CURRENT POST CLOSURE COST ESTIMATE \_\_\_\_\_  
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PRIOR POST CLOSURE COST ESTIMATE \_\_\_\_\_

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FREE FIELD 1 E CURRENT VALUE POST CLOSURE \_\_\_\_\_  
FREE FIELD 2 \_\_\_\_\_ DATE EXPIRES 84 03 31  
FREE FIELD 3 \_\_\_\_\_ yr mo day

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CITY \_\_\_\_\_  
STATE \_\_\_\_ ZIP CODE \_\_\_\_\_



checked agent Paul Bogan

GATX TERMINALS CORPORATION

120 SOUTH RIVERSIDE PLAZA  
CHICAGO, IL 60606  
312-621-6200

file on print out  
40 4/13/84

January 14, 1983

Mr. Valdas Adamkus  
Regional Administrator  
Environmental Protection Agency  
230 S. Dearborn  
Chicago, Illinois 60604

Re: BEDFORD PARK, ILLINOIS  
ID NO. 1LD005161476

Dear Sir:

Pursuant to 40 CFR 265.147(b) the undersigned is required to demonstrate financial responsibility either through the obtaining of liability insurance or the satisfaction of certain financial tests with respect to the facility referred to above. The undersigned acted promptly to obtain liability insurance, but because of delays in the underwriter's review, no policy has issued to date. We are continuing to work with underwriters and hope to obtain such insurance in due course. Also, though the undersigned is a subsidiary of GATX Corporation and has satisfied the financial requirements of 40 CFR 265.145 through intercorporate guarantees, such guarantees are not applicable to 40 CFR 265.147(b). It is therefore impossible for the undersigned to meet the liability requirements of that regulation on this date.

We shall notify you promptly in accordance with 40 CFR 265.147(b)(1) as soon as appropriate liability insurance has been obtained. We also believe that, if such insurance is not obtainable, our financial resources are more than adequate to cover liability for nonsudden accidental occurrences and request a variance under 40 CFR 265.147(c). We will supply you with any information you require to support this request for variance.

Very truly yours,

GATX TERMINALS CORPORATION

By: R. W. Bogan

R. W. Bogan  
Vice President

RECEIVED

JAN 20 1983

WASTE MANAGEMENT BRANCH  
EPA, REGION V





217/782-6761

Refer to: 0310120008 -- Cook County  
GATX Terminal Corporation  
ILD005161476  
RCRA Part A

Log #A015

February 3, 1988

Mr. H.J. Sanders  
GATX Terminal Corporation  
67th Street and Archer Road  
P.O. Box 409  
Argo, Illinois 60501

Dear Mr. Sanders:

This is in response to your request to withdraw the Part A application for the subject facility. An Agency review of records and an inspection of the facility conducted on October 17, 1986 confirms that this facility should be reclassified as a generator only status and the Part A withdrawn.

Your I.D. number (ILD005161476) will be retained in case this facility generates, stores, treats or disposes of regulated quantities of hazardous waste in the future.

Should you have any questions regarding this matter please contact Karen Nachtwey at (217) 782-0892.

Very truly yours,

*Lawrence W. Eastep by az*

Lawrence W. Eastep, P.E., Manager  
Permit Section  
Division of Land Pollution Control

LWE:KEN:dh/1

cc: Northern Region  
Compliance Monitoring  
USEPA V - Jim Mayka ✓  
USEPA V - Mary Murphy  
Division File - RCRA Part A  
USEPA V - Art Kawatachi